

New Application

Motor Vehicle Repair Business Licence (Body Corporate or Partnership)

USE ADOBE ADOBE READER WITH THIS FORM



This form is designed to be used with the FREE Adobe Acrobat Reader application.
[Click here to download Acrobat Reader.](#) Alternatively the form can be printed and completed by hand, scanned and submitted (with all attached documents).

Application Checklist

Your application can only be processed if **ALL** of the relevant information and supporting documentation is provided. Use this checklist to ensure that you complete all parts of your application and have all necessary supporting documents ready to attach. Please check that:

- all sections of this form are complete;
- the Australian police check/s for each relevant person is/are ready to attach;
- payment of the prescribed fee is ready to be made.

Duration of licence

If granted, your Licence will be issued for a period of up to three (3) years.

Application fee

Please refer to our website for the [current prescribed fees](#).

The total fee includes a non-refundable application fee, is exempt from GST and subject to change without notice. Part payment cannot be accepted. Cheques should be made payable to the Commissioner for Consumer Protection.

If you are submitting this form online, you will be able to make payment using the Department's secure payment gateway.

If you are submitting this form by post and making payment by credit card, you must also complete the [Application Payment Form](#) and attach it to your application.

Lodgement options

You may lodge your completed application **ONLINE** or:

In person

Customer Service
Level 1, Mason Bird Building
303 Sevenoaks Street CANNINGTON
Hours: 8:30am to 4:30pm, Monday to Friday

By post

Licensing Services
Department of Local Government, Industry
Regulation and Safety
Locked Bag 14
CLOISTERS SQUARE WA 6850

Enquiries

Licensing Advice Line: 1300 304 064
General Enquiries: 1300 304 054
Overseas Callers: +61 8 6251 2969
Licensing Email: cplicensing@lgirs.wa.gov.au
Website: www.wa.gov.au/organisation/service-delivery/consumer-protection-licensing-and-registration

OFFICE USE ONLY

| Total Fee | \$ | Department Code | MRB | Chart Description | |
|-----------|----|-----------------|-----|-------------------|--|
| | | | | | <input type="checkbox"/> New app – Non refundable – Bus Licence |
| | | | | | <input type="checkbox"/> New app – Business Lic (1-2 repairers) |
| | | | | | <input type="checkbox"/> New app – Business Lic (3 repairers) |
| | | | | | <input type="checkbox"/> New app – Business Lic (4 repairers) |
| | | | | | <input type="checkbox"/> New app – Business Lic (5-7 repairers) |
| | | | | | <input type="checkbox"/> New app – Business Lic (8-10 repairers) |
| | | | | | <input type="checkbox"/> New app – Business Lic (11+ repairers) |

New Application: Motor Vehicle Repair Business Licence (Body Corporate or Partnership)

General Information

In this form, the term 'Commissioner' means the Commissioner for Consumer Protection. The term 'relevant person' means all directors of a body corporate/company or, in the case of a partnership, each individual member of that partnership, as the case requires. Where a partner is body corporate/company, all directors of that body corporate/company are considered relevant persons.

Applicant type

Select one (1) only:

A Body Corporate/Company

Name of body corporate/company:
eg. ABC Pty Ltd

ACN:

B Partnership/Firm

Names of partners:
(individuals and/or company partners)
eg. Fred & Mary Smith

Business details

Business email address:

Business contact number:
(mobile number preferred)

We use email/SMS for contact purposes and to send courtesy renewal reminders, so it is important that you notify the Commissioner should your electronic contact details change.

Business name/s:

NOTE: A licensee who intends to carry on business under a business name must have registered that business name with ASIC under the *Business Names Registration Act 2011*. If the business name is registered to a trust, you must also provide a copy of the trust deed with your application. For further information or to register a business name, visit www.asic.gov.au.

Postal address

Street address:

Suburb:

State:

Postcode:

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Relevant persons of the Body Corporate or Partnership

Each director and/or individual partner must complete this section.

Person 1

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

MV Repairer Certificate No. (if applicable): Date of birth: ABN:

Mobile number: Personal email address:

Residential address:

Person 2

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

MV Repairer Certificate No. (if applicable): Date of birth: ABN:

Mobile number: Personal email address:

Residential address:

Person 3

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

MV Repairer Certificate No. (if applicable): Date of birth: ABN:

Mobile number: Personal email address:

Residential address:

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Relevant persons of the Body Corporate or Partnership (cont.)

Person 4

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

MV Repairer Certificate No. (if applicable):

Date of birth:

ABN:

Mobile number:

Personal email address:

Residential address:

Person 5

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

MV Repairer Certificate No. (if applicable):

Date of birth:

ABN:

Mobile number:

Personal email address:

Residential address:

Person 6

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

MV Repairer Certificate No. (if applicable):

Date of birth:

ABN:

Mobile number:

Personal email address:

Residential address:

Please add a sheet of paper with further details if there are more than six (6) directors or partners. Where a partnership includes a body corporate/company, all directors must be included.

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Character and Fitness

Each relevant person must provide an Australian police check in their full legal name which is less than three (3) months old. Information about our [current police check requirements](#) can be found on our website.

Please answer either 'Yes' or 'No' to the following questions. If the answer to any of the questions is 'Yes', you may be contacted to provide additional information as part of the application process.

Has/is the applicant, any director or any partner:

1. ever been convicted or found guilty of **any** offences, including convictions which resulted in a suspended sentence? Yes No
Include all offences which went to Court, including traffic offences. Do not include spent convictions.
2. aware of **any** legal proceedings currently pending against you for an offence, including proceedings by way of appeal or review? Yes No
3. been the subject of **any** adverse findings by a Government Board, Tribunal or Agency (e.g. the Corruption and Crime Commission)? Yes No
4. had **any** occupational licence or application refused, cancelled or suspended? Yes No
5. been disqualified from holding **any** occupational licence? Yes No
6. been subject to **any** disciplinary action by a licensing authority? Yes No
7. had **any** investigations or legal proceedings commenced against you or an associated entity which may/did result in action being taken in relation to an occupational licence currently held? Yes No
8. been known by **any** other name Yes No
9. in liquidation, under official management or an undischarged bankrupt? Yes No
10. having affairs administered under **any** bankruptcy laws? Yes No
11. a director of a corporation, which has been subject to **any** form of insolvency administration? Yes No

Financial information

The Commissioner cannot grant a licence unless satisfied that the applicant has sufficient material, manpower and financial resources to carry on business doing repair work. To assist with this assessment, a credit report will be obtained as part of the application process.

You must also answer the following question:

Does the applicant referred to in this application have sufficient resources to enable it to carry on the business to which this application relates? YES NO

If the applicant is or includes a body corporate/company which is less than six (6) months old at the time of application, you must also complete the following confidential Statement Assets and Liabilities (only provide figures for the body corporate, not individual directors):

| | |
|--------------------|-----------|
| Assets | \$ |
| Liabilities | \$ |
| Net Worth | \$ |

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Staffing

The following information will be used for calculating your licence fee:

How many staff (certified and uncertified) are engaged in repair work, including the owner of the business if that person does repair work? **DO NOT COUNT** apprentices, trainees and administrative staff.

NOTE: if you are a member of a partnership that repairs motor vehicles, you **cannot** do repair work unless you are a certified repairer. If a director of a body corporate/company is not a certified repairer they can undertake repair work only if they are supervised by another certified repairer.

A 'certified repairer' means a person who has been granted a Motor Vehicle Repairer's Certificate by the Commissioner. It does not mean someone who has a 'Trade Certificate' or other qualification relating to the repairing of motor vehicles.

The required supervision ratio of certified repairers to uncertified repairers is one as to three (1:3). Therefore, you will need to engage at least one certified repairer (for each class of repair work) for every three uncertified repairers at each of the premises from which you operate, including mobile premises (i.e. if you engage six uncertified repairers, you will require at least two certified repairers to supervise them).

Confirm the details of the Certified Repairers engaged in repair work at your business below:

| Full name | Certificate number |
|-----------|--------------------|
| | MR |
| | MR |
| | MR |

Attach a separate sheet of paper with the details of any additional repairers

Premises information

If you intend to operate a mobile business only, go to Part B (page 7)

Part A – Fixed Premises

Principal Place of Business street address:

Suburb:

State:

Postcode:

Additional premises # 1 street address:

Suburb:

State:

Postcode:

Additional premises # 2 street address:

Suburb:

State:

Postcode:

If you have more than three (3) fixed premises, please add a separate sheet of paper with the details of the additional addresses

New Application: Motor Vehicle Repair Business Licence (Individual)

Premises information (cont.)

Part B – Mobile Premises

If you intend to trade using mobile premises, provide the following information for each vehicle (including trucks, vans, cars, trailers, campervans or caravans) involved in the business of repairing motor vehicles:

| Make of vehicle | Model of vehicle | Vehicle colour | Year | Registration number |
|-----------------|------------------|----------------|------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Authorisation and Declaration

All directors and/or individual partners must complete this section

In order to assist with the determination of this application, I authorise the Commissioner, or persons so directed, to obtain on my behalf any document, record, file or information that may be necessary and relevant to consider my fitness and propriety to hold a licence, including but not limited to records relating to my criminal history or current/previous occupational licences and other relevant information.

Further, I declare that the information and documents given with or in support of this application, whether or not provided at the time of subsequent to lodgement, are true and correct. **I understand that providing a false or misleading statement in an application is an offence.**

| Full name | Signature | Date |
|-----------|-----------|------|
| | | |
| | | |
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Attach additional pages if required